

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

DOCKET NO. 2009-144-C

IN RE:

Application of TracFone Wireless, Inc. (SafeLink)	
Wireless Inc.) for Designation as an Eligible)	
Telecommunications Carrier ("ETC") in the State)	ETC ANNUAL REPORT
of South Carolina for the Limited Purpose of)	
Offering Lifeline Service to Qualified Households)	

Pursuant to regulation 103.690 of the South Carolina Public Service Commission ("Commission"), SafeLink Wireless Inc. ("SafeLink") hereby submits this Eligible Telecommunications Carrier ("ETC") Annual Report

I. BACKGROUND

The Commission, Order 2010-231, dated March 31, 2010, designated SafeLink as an ETC pursuant to 47 U. S.C. § 214(e)(2). By letter dated May 1, 2008, the Commission informed the Federal Communications Commission ("FCC") and the Universal Service Administrative Company ("USAC") of this designation. The Commission's initial certification to the FCC and USAC was effective March 31, 2010, the date of its Order designating SafeLink as an ETC. Pursuant to sections 54.313 and 54.314 of the FCC's rules, which require states to establish an annual certification process for rural and non-rural carriers receiving federal low income support, SafeLink submits this annual report for the purpose of extending its ETC designation and the Commission's certification of SafeLink's entitlement to receive federal low income support for the 2017 calendar year.

II. ANNUAL REPORTING REQUIREMENTS

1. Certification of compliance with CTIA Consumer Code or service quality standards in 103-663.

SafeLink certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association® Consumer Code for Wireless Service, as it is required to do pursuant to Section 54.202(a)(3) of the Federal Communications Commission’s rules (47 C.F.R. § 54.202(a)(3)).

2. Progress Report of two-year plan for advertising and outreach.

SafeLink/TracFone works with an external Advertising Agency to develop advertising strategies with the goal of creating awareness by target audience. In South Carolina SafeLink/TracFone advertises in Designated Metro Areas on commercial TV and radio stations, especially those stations whose programming is targeted at communities where qualified customers are likely to be in the audience, as well as, nationally through cable television.

Also, Retailers and Social Service organizations are provided with signage to be displayed where SafeLink/TracFone products are offered and with printed materials describing the SafeLink Lifeline program.

3. Requests for service that were unfulfilled.

None. SafeLink only provides Lifeline service to individuals in South Carolina who qualify to receive Lifeline service. All requests for SafeLink Wireless service by South Carolina residents who have been able to qualify for Lifeline support have been fulfilled.

4. Number of complaints or trouble reports per 1,000 handsets.

The number of complaints per thousand handsets in South Carolina in 2016 was 0.217.

5. Certification of compliance with service quality standards and consumer protection rules.

SafeLink certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association® Consumer Code for Wireless Service, as it is required to do pursuant to Section 54.202(a)(3) of the Federal Communications Commission’s rules (47 C.F.R. § 54.202(a)(3)).

6. Detailed report and certification that the ETC is able to function in emergency situations.

SafeLink certifies that it will be able to function in emergency situations to the extent that its underlying network providers are able to do so. SafeLink provides service in South Carolina using the networks the several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. SafeLink relies on those networks’ reliability in all

situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards and SafeLink and its customers benefit from their high standards. Throughout its more than ten years of existence, SafeLink's service reliability has compared favorably with that of any facilities-based operator in the wireless telecommunications industry.

7. Certification that the ETC is offering a local usage plan comparable to that offered by the incumbent LEC in the relevant service areas.

SafeLink certifies that it offers a local usage plan "comparable" to those of the incumbent LECs serving relevant service areas. However, SafeLink notes that "comparable" does not mean "identical." There are significant differences between wireline and wireless service offerings. Unlike traditional wireline offerings, SafeLink does not offer unlimited local service at flat rates. Instead, its service may be used by customers for all manner of calls – local, long distance, intrastate, and interstate, as well as international calls to more than 60 destinations. There are no separate toll charges and no roaming charges. In addition, SafeLink customers receive at no additional charge such vertical service features as call waiting and caller ID. Typically, incumbent wireline LECs charge additional fees for such service features. Given these intrinsic differences between wireline and wireless services, SafeLink's SafeLink Wireless service is comparable with that provided by wireline incumbent LECs.

8. Certification that the carrier acknowledges that the [FCC] may requires it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the service area.

SafeLink certifies that it may be required to provide equal access to long distance carriers in the event that no other ETC is providing equal access within the service area. However, SafeLink reminds the Commission that its wireless service includes calling to all locations (including locations which would involve payment of toll charges if provided by ILECs). Since SafeLink, unlike wireline carriers, including wireline ETCs, does not impose separate charges for what those wireline carriers call “toll” calls, it seems highly improbable that any SafeLink customer would want to equal access to long distance carriers since use of SafeLink’s service to place long distance calls would still incur wireless airtime charges.

9. Number of Lifeline Customers as of December 31, 2016.

The number of Safelink customers as of December 31, 2016 was **55,241**.

10. Copies of responses to Lifeline Verification Survey or Certification filed with USAC on August 31, 2011.

Please note that this Survey has been eliminated as a result of the FCC Lifeline Reform Order. SafeLink has submitted copies of its FCC Form 481 and FCC Form 555.

Respectfully Submitted,



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(803) 255-9766

Stephen Athanson
Regulatory Attorney
SafeLink Wireless Inc.
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Miami, FL 33178
(305) 715-3613

Counsel for SafeLink Wireless Inc.

VERIFICATION

State of Florida

County of Miami-Dade

Javier Rosado, being duly sworn, states the following:

1. I am Senior Officer – Alternate Business Units for SafeLink Wireless, Inc. ("SafeLink")
I am authorized to make this verification on behalf of Safelink.

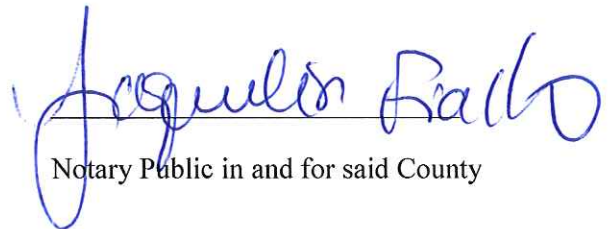
2. I have read SafeLink's Annual ETC Report for 2017. I confirm that the information
contained therein is true and correct to the best of my knowledge.

The matters addressed above are within my personal knowledge and are true and correct.

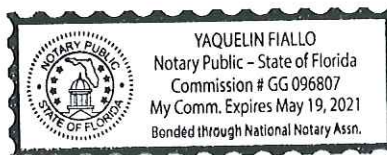


Javier Rosado

Taken, sworn to and subscribed before me this 30th day of June, 2017.


Notary Public in and for said County

My commission expires on the 05 day of 19 2021



FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Janet Morejon
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com
Form Type		54.422

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<210> For the prior calendar year, were there any reportable voice service outages? _____

**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.safelinkwireless.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

**(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	249012
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249012
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	249012
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: TracFone Wireless Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017
Printed name of Authorized Officer: Javier Rosado	
Title or position of Authorized Officer: Sr Officer, Alternative Bus Channels	
Telephone number of Authorized Officer: 3057156575 ext.	
Study Area Code of Reporting Carrier: 249012	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	249012
<015> Study Area Name	TracFone Wireless Inc.
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

TRACFONE WIRELESS INC
2017 FCC FORM 481
SPIN: 143030103

RESPONSE TO (400) COMPLAINTS PER 1000 CUSTOMERS

(010) Study Area Code: 249012
(015) Study Area Name: South Carolina
(020) Program Year: 2018
(030) Contact name: Janet Morejon
(035) Contact Telephone Number: 305-715-6522
(039) Contact Email Address: jmorejon@tracfone.com

(420) Number of Complaints (per 1,000 customers) Mobile Voice Telephony Service for the period 01/01/2016 - 12/31/2016

0.22

(450) Number of Complaints (per 1,000 customers) Mobile Broadband Service for the period 12/02/2016 - 12/31/2016

0.00

TRACFONE WIRELESS INC
2017 FCC FORM 481
SPIN: 143030103

RESPONSE TO (610) FUNCTIONALITY IN EMERGENCY SITUATIONS:

- (010) Study Area Code: 249012
(015) Study Area Name: South Carolina
(020) Program Year: 2018
(030) Contact name: Janet Morejon
(035) Contact Telephone Number: 305-715-6522
(039) Contact Email Address: jmorejon@tracfone.com

Certification that the ETC is able to function in emergency situations

- (610) TracFone will be able to function in emergency situations to the extent that its underlying network providers are able to do so. TracFone provides service using the networks from several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. TracFone relies on those networks' reliability in all situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards, which TracFone and its customers benefit from their high standards.

[illegible]

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission
IMPORTANT: PLEASE READ INSTRUCTIONS FIRST
Deadline: January 31st (Annually)

<p>249012</p> <hr/> <p>Study Area Code (SAC)</p> <p><i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i></p> <p>2016 SC</p> <hr/> <p>Recertification Year State</p> <p>SafeLink Wireless Inc</p> <hr/> <p>DBA, Marketing, or Other Branding Name</p> <p><i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i></p>	<p>143030103</p> <hr/> <p>Service Provider Identification Number (SPIN)</p> <p>TracFone Wireless Inc.</p> <hr/> <p>ETC Name</p> <p>TracFone Wireless Inc</p> <hr/> <p>Holding Company Name</p> <p><i>(If same as ETC name, list "N/A" Do not leave blank)</i></p>
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Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial JR

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
57050	0	3753	20938	32359

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non-responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
22965	22954	11	0	11

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
9394	8032

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: MEDICAID TANF. (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N ÷ M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC <i>(This should equal the number reported in Block E)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
32359	8043	24.86%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☒ No ☐

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1724
February	1396
March	1419
April	1087
May	1508
June	1176
July	1272
August	1468
September	1800
October	2091
November	1570
December	1960
Total Subscribers	18471

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

jrosado@tracfone.com

Email Address of Officer

Janet Morejon

Person Completing This Certification Form

Javier Rosado Sr. Off. ABU

Printed Name and Title of Officer

01/31/2017

Date

305-715-6522

Contact Phone Number

**BEFORE THE
SOUTH CAROLINA PUBLIC SERVICE COMMISSION**

IN RE:)	Docket No. 2017-14-C
)	
Request for Certification of the Use)	
Of Universal Service Funds Pursuant to)	
47 C.F.R. 54.314 and Telecommunications)	CERTIFICATE OF SERVICE
Act Section 254(e), Federal)	
Communications CC Docket No.)	
96-45 (2017) (Form 481); and Annual)	
Reports for ETC)	
)	

I hereby certify that on July 1, 2017, I served one copy of an Annual Report on behalf of SafeLink Wireless, Inc. by electronic mail to the following individuals:

Jeffrey M. Nelson
jnelson@regstaff.sc.gov
Office of Regulatory Staff
Post Office Box 11263
Columbia, SC 29211

s/ Jeremy C. Hodges

Columbia, South Carolina
July 1, 2017